

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039794

STATE FILE NUMBER

5575

FILED DEC 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57 4

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lindeman-McCarty		d. STREET ADDRESS 3621 Warwick	
Length of stay in lb 30 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARY Middle Agnes Last ANDERSON			4. DATE OF DEATH Month Nov. Day 26 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-25-77	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Aurora, Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Patrick Dohal	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Michael Anderson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Dr. Richard Anderson 21 W. 58th
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Senility	
	DUE TO (c) Primary Carcinoma of Colon.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION KC Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from Death occurred at June 1956 to Nov 26/58 and last saw her alive on Nov 26/58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. D.	(Degree or title)	22b. ADDRESS 324 E 11th KC Mo.	22c. DATE SIGNED 11/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 27/58	23c. NAME OF CEMETERY OR CREMATORY St. Patricks	23d. LOCATION (City, town, or county) (State) Sedalia Mo.
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24. FUNERAL DIRECTOR Mellody-McGilley-Eylar Funeral Home Woodland-Linwood	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-26-58	26. REGISTRAR'S SIGNATURE neva Minshall
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All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
E. N. Gentry

No. E. D. Gentry
324 E 11
Ma 1-1577

2 = 5 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *George A. Jackson*

Licensed Embalmer No. *5059*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.